# 4/ 5

1PAC 3

| POP GAMPAIGN GONTRIBUTIONS AND EXPENSES THE THE SAFETINE VALUE  |  |   |
|---|--|---|
| American Insurance Association PAC - Neuada  Name (print)  Office (if applicable)  PRO 9th Street # 2060, Sacramento CA 95814 916-442-7617  Mailing Address (include city and zip code)  Dzawkiewicz & we.aiadc.org  E-Mail Address |  |   |
| Select Ap   | prograte Box(es) CANDIDATE 12 X PAG 12 TA BAG 19 MC  | IPOPERRY INDEXE TO AMENDED TO                       |
| <u>[20</u>  | Report #1 — Due August 27, 2002  Office with a 2-year term Office with a 4-year term Office with a 6-year term BAGs only:  Period: Dec. 20, 1998 — Aug 22, 2002  Dec. 6, 1996 — Aug 22, 2002  Dec. 7, 2000 – Aug 22, 2002  | FILED#  |
|   | <b>Report #2 Due — October 29, 2002</b> Period: Aug. 23, 2002 — Oct. 24, 2002  | SEP 1 2 2002  |
|   | Report #3 Due — January 15, 2003  Period: Oct. 25, 2002 — Jan. 3, 2003  BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002  BALANCE   | DEAN HELLER, SEGRETARY OF STATE FOR OFFICE USE ONLY |
| This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any \$20, 266.30   |  |   |
|   | CONTRIBUTIONS SUMMA Contributor means a gift loan conveyance deposit payine of money of anything of value gine that the services of avoiding   | ert, transfer or distribution                       |
| 1.  | Total amount of monetary contributions in excess of \$100  | \$ 10,500   |
| 2. Total amount of monetary contributions of \$100 or less  |  |   |
| Actual number of monetary contributions of \$100 or less  |  |   |
|   | Interest and income earned on contributions, if any  | <del>_</del>  |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |  |   |
| 5. Total amount of In Kind Contributions  |  |   |
|   | EXPENSES SUMMARY   |   |
| 6. Total amount of monetary expenses in excess of \$100   |  |   |
| 7. Total amount of monetary expenses of \$100 or less   |  |   |
| 8. Expense for filing fee   |  |   |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8)  |  |   |
| Remaining Balance (Subtract line 9 from 4)  |  |   |
| 10. Total amount of In Kind Expenses  AFFIRMATION  I declare under penalty of perjury that the foregoing is true and correct.   |  |   |
| 1/2   | 7 lan  | 9-17-02   |
| Signature   | Y The second sec | 9-12-02<br>Date Executed On                         |
| <i>[</i> /<br>EL201.doc   | / Revised: MAR-02  | PAGEOF  |